NY STATE CLIENT SEMI-ANNUAL REPORT

C5R 52429

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS

before submitting or form will be returned.

Reporting	Information		
Fill in circle if ame	endment O		
Report Period:	① January/June	O July/December	
Type of Lobbying:	Nonprocurement	O Procurement	OBoth
Client Filing Fee Ch	neck Number: 234	12	

TY: (C) attach. 132039	Claig.
HAND DELIVERED ENTO SEP 0 9 2013 RECEIVED JUL 1 5 201 CL# 23612 \$ 50.	3 _

Name: New York State Association	of Counties and Its Affiliated Organizations
Permanent Business Address: 540 Groadu	State: NY ZIP code: 12207
City: Albany	State: NY ZIP code: 12207
City: Albany Business Phone: (518) 465-1473	Fax Number: (518) 465-0506
Third Party Beneficiary (see instructions):	

Third Party Beneficiary (see instructions):	
Lobbyist(s) Information & Compensor Any individual or organization that has lobbied on behalthreshold was exceeded by that individual or organization	ation (Current Period Only) f of the client must be reported below, regardless of whether the on.
A Type of Lobbyist: O Retained	ployed O Designated
Level of Gov't: State Lobbying O Loc	cal Lobbying O Both
Name: Stephen Acquario	Phone Number: (518) 465-1473
Address: 540 Broadway 5th Flo	or
City: Albany	State: NY ZIP code: 12207
Compensation for current period: \$ 305	52 .00
B Type of Lobbyist: O Retained	ployed O Designated
Level of Gov't: State Lobbying O Loc	cal Lobbying O Both
Name: DAJE Lucas	Phone Number: (518) 465-1473
Address: 540 Broadway, 5th F	
City: Albany	State: NY ZIP code: 12207
Compensation for current period: \$ 28 3	15,.00
C Type of Lobbyist: O Retained	ployed O Designated
Level of Gov't: State Lobbying O Loc	cal Lobbying O Both
Name: Patrick Cummings	Phone Number: (\$18)165-1473
Address: 540 Broadway 546	7/000
City: Albany	State: NY ZIP code: 12207
Compensation for current period: \$ 79	//.00
Continued on attached pages	,
D TOTAL COMPENSATION of ALL lobbyists for cur	rrent period(A+B+C+addendum sheets): \$ (4392.00

Designated Addendum sheet for sections III and IV

III Lobbyist(s) Information & Compensar Any individual or organization that has lobbied on behalf of was exceeded by that individual or organization.		
Type of Lobbyist: O Retained Employed	O Designated	
Level of Gov't: State Lobbying O Local Lob	bying O Both	
Name: Mark LaVigne	Phone Number:	(518) 465-1473
Address: 540 Broadway 5th Flo		
City: Albany	State: NY	ZIP code: 12207
Compensation for current period: \$ 3718	.00	
Type of Lobbyist: O Retained	Designated	
Level of Gov't: State Lobbying Local Lob	bying O Both	
Name: Melissa Tiberio	Phone Number:	(S18) 465-1473
Address: 540 Broadway 5th Floo	r	
City: Albany	State: NY	ZIP code: 12207
Compensation for current period: \$ 6371	.00	
Type of Lobbyist: O Retained	Designated	
Level of Gov't: State Lobbying Local Lob	bying O Both	
Name: Kathryn Vescio	Phone Number:	
Address: 540 Broad way 5th F1	000	
City: Albany	State: NY	ZIP code: (2207
Compensation for current period: \$ 1491,5	.00	
IV Other Expenses (Current Semi-Annua	l Period Only)	
PAID TO: IN House Copies	DATE: 6/30/2013	O Ad O Social Event
	AMOUNT: \$ 2140.00	O *Addendum attached
PURPOSE: COPTING O PROCUREMENT ON NONPROCUREMENT		
PAID TO: Time Warner NY Wiled	DATE: 613012013	O Ad O Social Event
PURPOSE: Internet Services	AMOUNT: \$ 310).00	O *Addendum attached
O PROCUREMENT NONPROCUREMENT		
PAID TO: Time WHERE! / VECIZOR	DATE: 6/30/2013	O Ad O Social Event
PURPOSE: Phone	AMOUNT: \$ 2005.00	O *Addendum attached
O PROCUREMENT NONPROCUREMENT		
PAID TO:	DATE: / /	O Ad O Social Event
PURPOSE:	AMOUNT: \$.00	O *Addendum attached
O PROCUREMENT O NONPROCUREMENT		
PAID TO:	DATE: / /	OAd O Social Event
PURPOSE:	AMOUNT: \$.00	O*Addendum attached
O PROCUREMENT O NONPROCUREMENT		-

IV	\$()				
PAID TO: Hotel Albany	DATE: 03	/31	/2013	Ad	Social Event
PURPOSE: Banquet: Food/Beverage	AMOUNT:	\$11,009)	*Addendu	m attached
PROCUREMENT XNONPROCUREMENT					
PAID TO: Camelot Copy Center	DATE:	02/28	/2013	Ad	Social Event
PURPOSE: Printing invite	AMOUNT:	\$ 184	.00	*Addendu	m attached
PROCUREMENT XNONPROCUREMENT	- 1				
PAID TO: Studio 136	DATE:	2/28	/2013	Ad	Social Event
PURPOSE; Design Invite	AMOUNT:	\$ 84	.00	*Addendur	m attached
PROCUREMENT XNONPROCUREMENT					
PAID TO: Camelot Copy Center	DATE:	3/	31/2013	Ad	Social Event
PURPOSE: Advocacy Day Packets	AMOUNT:	\$491	.00	*Addendur	m attached
PROCUREMENT XNONPROCUREMENT					- SA 1
PAID TO: Camelot Copy Center	DATE: 03	/31	/2013	Ad	Social Event
PURPOSE: Legislative Booklet	AMOUNT:	\$ 252	.00	*Addendun	n attached
PROCUREMENT XNONPROCUREMENT					
PAID TO: Zap Courier Service	DATE:	02/28/	2013	Ad	Social Event
PURPOSE: Delivery	AMOUNT:		.00	*Addendur	m attached
PROCUREMENT XNONPROCUREMENT					
PAID TO: Zap Courier Service	DATE:	3/31	/2013	Ad	Social Event
PURPOSE: Delivery	AMOUNT:	\$ 970	.00	*Addendu	m attached
PROCUREMENT XNONPROCUREMENT					
PAID TO: Association Development Group	DATE:	04/30	/2013	PULLONSE:	al Event
PURPOSE:	AMOUNT:	\$	633.00	Purpose: Invitati	· hed
PROCUREMENT NONPROCUREMENT					on5
PAID TO; Zap Courier Service	DATE:	03/31	/2013	0 1	al Event
PURPOSE: Delivery	AMOUNT:	\$ 630	.00	Pactage	hed
PROCUREMENT XNONPROCUREMENT				103100	
PAID TO: Birch Hill	. DATE:	03/31	/2013	•	al Event
PURPOSE: Catering service	AMOUNT:	\$2344	.00		ed
PROCUREMENT XNONPROCUREMENT		18			
PAID TO: Association Development Group	DATE:	03/31	/2013	Ad	Social Event
PURPOSE: Invitations & Postage	AMOUNT:	\$ 137	.00	*Addendum	n attached
PROCUREMENT XNONPROCUREMENT					7,
PAID JO: W.B. Mason	DATE:	02/28	/2013	Ad	Social Event
PURPOSE: Folders	AMOUNT:	\$116	.00	*Addendum	n attached
PROCUREMENT XNONPROCUREMENT					

PAID TO: Nielsen Associa	tes	DATE:	03/31	/2013	Ad	Social Event
PURPOSE: printing		AMOUNT:		.00	*Addendu	um attached
PROCUREMENT	XNONPROCUREMENT	7 11/10 01 111	¥ =/0	.00		
PAID TO: Camelot Copy		DATE:	03/31	/2013	Ad	Social Event
PURPOSE: printing		AMOUNT:		118.00	*Addendu	um attached
PROCUREMENT	XNONPROCUREMENT	7.471.001.111	*	110.00		
PAID TO: Isn't it Sweet		DATE:	03/31	/2013	Ad	Social Event
PURPOSE: food		AMOUNT:		.00	*Addendu	ım attached
PROCUREMENT	XNONPROCUREMENT	7 11110 01111	7 740	.00		
PAID TO:		DATE:	/	/	Ad	Social Event
PURPOSE:		AMOUNT:	\$.00	*Addendu	ım attached
PROCUREMENT	NONPROCUREMENT					
PAID TO:		DATE:	/	/	Ad	Social Event
PURPOSE:		AMOUNT:	\$.00	*Addendu	m attached
PROCUREMENT	NONPROCUREMENT					
PAID TO:		DATE:	/	/	Ad	Social Event
PURPOSE:		AMOUNT:	\$.00	*Addendu	um attached
PROCUREMENT	NONPROCUREMENT	AMOUNT.	Y	.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
PAID TO:	THO THE CONTENT OF	DATE:	/	/	Ad	Social Event
PURPOSE:		AMOUNT:		.00	*Addenda	um attached
PROCUREMENT	NONPROCUREMENT		0.00			
PAID TO:		DATE:	/	/	Ad	Social Event
PURPOSE:		AMOUNT:	\$.00	*Addendu	ım attached
PROCUREMENT	NONPROCUREMENT					
PAID TO:		DATE:	/	1	Ad	Social Event
PURPOSE:		AMOUNT:	\$.00	*Addendu	ım attached
PROCUREMENT	NONPROCUREMENT					
PAID TO:		DATE:	1	/	Ad	Social Event
PURPOSE:		AMOUNT:	\$.00	*Addendu	m attached
PROCUREMENT	NONPROCUREMENT		97	1000070	8	
PAID TO:		DATE:	/	/	Ad	Social Event
PURPOSE:		AMOUNT:	\$.00	*Addendu	m attached
PROCUREMENT	NONPROCUREMENT					
PAID TO:	161	DATE:	/	7	Ad	Social Event
PURPOSE;		AMOUNT:	\$.00	*Addendu	m attached
PROCUREMENT	NONPROCUREMENT					

JANUARY FEBRUARY 2013 BILL NUMBERS

A4070,	A2283,	A1526,	A3000,	A3001,	A2283, A1526, A3000, A3001, A3002,	A3005,	A1084,	A151,	A820(2012)	A827,	A909,	A391,	A1349,
A689,	A3003,	A3007,	A3003, A3007, A3006, A2388, A535,	A2388,	A535,	A39,	A682,	A1252,	A682, A1252, A1323, A1324,	A1324,	A1442,	A1834,	A1876,
A3005-B,		3 A3003,	A3004,	A3008,		A4357,	A1051,	A4861,	A849,	A1700,	A299,	A2080,	
A2186,	A2294,	A2294, A2604,											
52606,	\$621,		\$2603,	\$2607,	52230,		\$2026,	\$2751,		\$1307,	52937,	\$220,	S704,
51294,	S758,	53640,	S758-A,	S2607-A	S3640, S758-A, S2607-A, S2608B,	S2755, S3008, S1720, S3095	\$3008,	\$1720,	,	\$3564,			
S1720,	52608,	\$2605,	S1461,										
ch1L.2013													

March April 2013 BILL NUMBERS

A1040,	A163,	A2080,	A3729,	A4887,	A2080, A3729, A4887, A5360, A88,	A88,	A812,	A812, A2401, A689,	A689,	A4192,
A3001,	A3000,		A3002,	A3006,	A3003, A3002, A3006, A3005,	A3004,		A3008,	A3007, A3008, A3009,	A3416,
A3001C,		A3003C,	A3002C,	A3006C,	A3005C,	A3000C, A3003C, A3002C, A3006C, A3005C, A3004C, A3007C, A3008C, A3009C, A5582,	A3007C,	A3008C,	A3009C,	A5582,
A3003B,	A3009B,	A3007B,	A517,	A3003E,	A3005E,	A3009B, A3007B, A517, A3003E, A3005E, A4664,		A5119,	A689A, A5119, A1792A, A841,	A841,
A4973,	A6550,	A6550, A3633, A6558, A6506, A6432,	A6558,	A6506,	A6432,	A1743,		A6825,	A6432, A6825, A6827,	A4403,
A5170,	A5424,		A1416,	A5306, A1416, A3598, A151,	A151,	A1856,		A5310,	A4090, A5310, A5503,	A570,
A2162,	A6801,	A1615, A874, A1066, A1812,	A874,	A1066,	A1812,	A2543,	A4902, A1928,	A1928,		
51063,	\$1409,	S1743,	52384,	51743, 52384, 53073, 53640,	53640,	S4728,	S1461,	S1461, S4728, S3766,	\$3766,	\$2180,
52606,	\$2600,		\$2603,	\$2604,	S2602, S2603, S2604, S2601,	S2605, S2607, S2608, S2609,	S2607,	\$2608,	\$2609,	\$2237,
S2606C,	S2600C,		S2603C,	S2604C,	S2602C, S2603C, S2604C, S2601C,	S2605C, S2607C, S2608C, S2609C,	S2607C,	S2608C,	S2609C,	S1645,
S2605E,	53073,		5982,	S2603E, S982, S2607B, S2755,	\$2755,	S2603B, S1720, S1290, S3697,	\$1720,	\$1290,	\$3697,	\$4855,
51853,	53661,	S5424,	53843,	55424, \$3843, \$3851, \$362,	5362,	\$5119,		S4245,	5932, 54245, 52155,	53549,
Ex. Program Bill #3	im Bill #3									

May June 2013 BILL NUMBERS

A1082,	A1993-A	A1993-A A2124, A6959, A7302,	A6959,	A7302,	A5119,	A7911B, A493A,	A493A,	A1876, A772,	A772,	A4810,	A2285,	A4105,	A1856,
A2602B,	A7002,		A7555, A6458, A7465,	A7465,	A3631A,	A7676,	A7953,	A7997,	A7997, A8096,	A8101,	A2722,	A4855,	A3352,
A2960,	A689-A,		A6935, A4890, A6839,	A6839,	A4613,	A989B,	A6432,	A4600,	A4600, A6871,	A7678,	A3314,	A6881,	A4947,
A4078,	A4432,	A6097,	A6097, A1324, A2186,	A2186,	A466,	A6550,	A2111,	A2539,	A2539, A4624,	A4329,	A5464,	A3437,	A7911,
A4395,	A4315,	A7868,	A7868, A5900, A8013,	A8013,	A1709,	A4749,	A340,	A1657,	A1657, A2235,	A3191,	A7553,	A3439,	A4841A,
A4469,	A937,	A165,	A9684,	A165, A9684, A6114,	A8087,	A1196,	A6713,	A7893,	A542,	A3561,	A4582,	A493,	A5682,
A6695,	A4861,	A6116A, A481,	, A481,	A6999,	A7006,	A6592,	A7633,	A2288,	A2726,	A740,	A7896,	A1907,	A1629,
A7020,	A7245,	A6984,	A6984, A4819,	A8086,	A5503,	A6112,							
S4979.	52377.	84910. 84203. 85750.	54203.	\$5750.	S3537-B. S4489.	S4489.	S758.	53628.	S3628. S5072. S7738.	S7738.	S3537-A. S3766.	53766.	\$1017.
\$1604,	S4489-A,	S4489-A, S5568, S5809, S5884,	\$5809,	55884,	53622,	S4967,	S4664,	57896,	S7896, S4664-A, S1686,	S1686,	53788,	52644,	\$2409,
54759,	\$5773,	53326,	53326, 52167, 52196,	52196,	S5773-A, S5900,	\$5900,	53646,	\$1952,	\$1294,	55882,	\$2517,	52636,	53753,
25667,	\$1586,	S1946,	S1946, S4334, S4539,		5273,	54873,	\$4396,	S4728,	55327,	S2369-A,	55349,	\$4809,	\$4356,
55072,	,7788	S4725,	\$5864,	5553,	54843,								
nerm 33C													

2013 Home Rule Tax Extenders and Increases

A.6763 (Fahy)/S.4683(Breslin)

A.6645 (Giglio)/S4454 (Young)

A.6438 (Lupardo)/ S.3675 (Libous)

A.6738 (Giglio)S.4608(Young)

A.7031 (Finch) / S.4698(Rules)

S.4849 (Young) / A.7165 (Goodell)

A.6376 (Friend)/S.4263 (O'Mara)

A.2841 (Crouch)/S.2347 (Libous)

A. 6921 (Duprey) / S.4462 (Little)

A.6826 (McLaughlin)/S.4621 (Marchione)

A.7186 (Lifton) / S.4918 (Seward)

A.5831 (Crouch) / S.4823 (Bonacic)

A.5420 (Skartados)/S.4439 (Gipson)

A.6533 (Schiminger)/S.4458 (Ranzenhofer)

A.6592 (Stec)/S.4558 (Little)

A.6548 (Stec)/S.4531 (Little)

A.6925 (Duprey) / S.4463 (Little)

A.6572 (Butler)/S.4555 (Farley)

A.6734 (Hawley) / S.4436 (Ranzenhofer)

A.5840 (Lopez) / S.5021 (Tkaczyk)

A.7020 (Butler) / S.4882 (Farley)

A.6614 (Butler)/S.4559 (Seward)

A.7374 (Blankenbush) / S.5061 (Ritchie)

A.7599 (Blackenbush)/ S.4983 (Griffo)

A.7371 (Blankenbush) / S.5103 (Griffo)

A.7267 (Nojay) / S.4430 (Gallivan)

A.6825 (Magee)/S.4651(Valesky)

A.6754 (Gantt)S.4702(Rules)

A. 7658 (Santabarbara) S.5492 (Tkaczyk)

A.8028 (Saladino) / S.5146 (Rules)

A.7040 (Corwin) / S.4704 (Rules)

A.7265 (Brindisi) / S.4982 (Griffo)

A.5499 (Magnarelli)/S.4564 (DeFrancisco)

A.5035 (Kolb) / S.4699 (Rules)

A.6739 (Rabbitt)/S.4646(Larkin)

A.6733 (Hawley)/S.4703(Rules)

A.7042 (Barclay) / S.5062 (Ritchie)

A.6050 (Magee) / S.4018 (Seward)

A.7353 (Galef) / S.5151 (Rules)

A.6736 (McDonald) / S.4561(Marchione)

A.6577 (Jaffee)/S.4635(Carlucci)

A.4761 (Russell) / S.5104 (Ritchie)

A.7224 (Steck) / S.4566 (Farley)

A.6315 (Lopez) / S.4019 (Seward)

A.5038 (Palmesano)/S.3699 (O'Mara)

A.6587 (Kolb)/S.4701(Rules)

A.6243 (Palmesano)/S.4264 (O'Mara)

A.7180 (Sweeney) / S.5003 (Rules)

A.7321 (Gunther) / S.5204 (Bonacic)

A.5902 (Friend) / S3665 (Libous)

A.6458 (Lifton) / S.4123 (O'Mara)

A.5130 (Skartados)/S.4516 (Larkin)

A.6737 (Oaks) / S.4700(Rules)

A.7135 (DiPietro) / S.4837 (Gallivan)

A.6416 (Palmesano)/S.4330 (O'Mara)

A.1900 (Hooper)

A.8029 (Saladino) / S.5147 (Rules)

A.5454 (Butler)

A.7431 (Goodell) / S.5088 (Young)

S.5487 (O'Mara)

A.7513 (lifton) S.5047 (Seward)

A.6573 (Butler) / S.4556 (Farley)

A. 6732 (Hawley) / S.4437 (Ranzenhofer)

A.6314 (Lopez)/S.4020 (Seward)

A.6682 (Lifton)/ S.4661 (O'Mara)

A.6827 (McLaughlin) / S.4620 (Marchione)

S.3812 (Marcellino) / A.7713 (Galef)

A.6168 (Lifton)/S.4167 (Seward)

S.4866 (Griffo)

S5809 (Nozzolio) / A.8035 (Morelle)

IV Other Expenses (Current Semi-Annual	Period Only)	
A Report in the aggregate all expenses less than or equal to	\$75:	. O.00 : 1
B Report in the aggregate all expenses for salaries of non-lo	bbying employees: \$	5122.00
C Itemize each expense exceeding \$75:		
MCD G KOUT		Ad O Social Event
PURPOSE: Legislative Research	AMOUNT: \$ 5656.00 O	*Addendum attached
O PROCUREMENT NONPROCUREMENT		
2 F 10036 103 1496		Ad O Social Event
(00,000)	AMOUNT: \$ /050.00	*Addendum attached
O PROCURÉMENT NONPROCUREMENT		
Continued on attached pages		
 If any expense listed above exceeds \$75 for an incompose, dollar amount attributable to the individual 	lividual, you must attach the adder val and the name, title and employe	ndum page listing the er of the individual.
D Total expenses for current period: \$ 102454.		
The control and the state of th		
V Source of Funding Disclosure Instructions: In the event only one person or entity is listed		
event multiple persons or entities have been	aggregated as a Single Source for a	Contribution(s), use Section B.
A Below, list all Contributions received from the received. If more than five Contributions from	Single Source. Include the date and the Single Source have been receiv	the amount of the Contribution ed, use section V(C) of the
Addendum for the additional Contributions. Contribution(s) from Single Source #1		
Single Source Entity's Name: Albany County		
or Single Source Person's Last Name:	First Name:	
Address: 1/2 State Street	This Name.	
City: Albany	State: N Y	ZIP code: /2207
Phone:	V	
Date Contribution Received: / / 2013	Amount of Contribution: \$	2831.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition	nal Contributions:	0
Contribution(s) Single Source #2		
Single Source Entity's Name: Allegary Coun	+11	*
or Single Source Person's Last Name: Address: County Office Building 7 C. City: Belmont	First Name:	
Address: County Office Building 7 C	ourt Street	
City: Belmont	State: NY	ZIP code: 14813
Phone:	Le y	
Date Contribution Received: 1/17/2013	Amount of Contribution: \$	608.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition		0
Check here if there are Contribution(s) from Single Source(s) addendum to list all such Contributions:	other than those listed above. Use Se	ction V(A) of the

gle Source. Include the date and the	amount of the Contribution
First Name:	
State: NY	ZIP code: (2207
Iv I	(20)
Amount of Contribution: \$	1200.00
Amount of Contribution: \$.00
Contributions:	0
First Name:	
mat ranie.	
State:	ZIP code:
0,0,0	211 6040.
Amount of Contribution: \$	322 .00
Amount of Contribution: \$	100 .00
	.00
	.00
Amount of Contribution: \$.00
Contributions:	0
First Name:	
rd County Office	
State! NY	ZIP code: 13902
Amount of Contribution: \$	1944 .00
Amount of Contribution: \$.00
Amount of Contribution: \$.00
Amount of Contribution: \$.00
Amount of Contribution: \$.00
	First Name: State: Ny Amount of Contribution: \$ Contributions: First Name: State: Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ Contributions: First Name: Contributions: First Name: Contributions: Amount of Contribution: \$ Amount of Con

V Source of Funding Disclosure		
A Below, list all Contributions received from received.	the Single Source. Include the date and t	ne amount of the Contribution
Contributions from Single Source #3.		
Single Source Entity's Name: Cattaraugus	Caraty	
or Single Source Person's Last Name:	First Name:	
Address: 303 Court Street		
City: Little Valley Phone:	State: NY	ZIP code: 14755
Date Contribution Received: 1/14/201	3 Amount of Contribution: \$	837.00
Date Contribution Received: / /	Amount of Contribution: \$	837 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for ad-		0
Contributions from Single Source #		
Single Source Entity's Name: Cayuga C	ounty	
or Single Source Person's Last Name:	First Name:	
Address: 160 Genesee St.	risi name.	
City: Auburn	State: NY	ZIP code: /302/
Phone:	, , ,	211 0000. 7 5027
Date Contribution Received: 1/17/20/	3 Amount of Contribution: \$	830.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for add	ditional Contributions:	
Contributions from Single Source #_	579	
Single Source Entity's Name: Chautauqua or	County	
Single Source Person's Last Name:	First Name:	
Address: 3 North Erie Street	W1070	
City: May Ville	State: NY	ZIP code: 14757
Phone:		
Date Contribution Received: 1/7/201.	3 Amount of Contribution: \$	1308 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / / Check here if using section V(C) of the Addendum for add	Amount of Contribution: \$.00

V Source of Funding Disclosure		
A Below, list all Contributions received from the Sin received.	gle Source. Include the date and	the amount of the Contribution
Contributions from Single Source #3-9		
Single Source Entity's Name: Chemung County		
or Single Source Person's Last Name:	First Name:	
Address: 320 E. Market Street PO Box.		
City: E/mira	State: NY	ZIP code: 14902
Phone:	101	211 code. 14902
Date Contribution Received: 1 / 23 / 2013	Amount of Contribution: \$	891.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
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Contributions from Single Source # _ [0		
Single Source Entity's Name: Chango County		
or Single Source Person's Last Name:	First Name:	
Address: County Office Bldg 5 Cour		
City: Norwich	State: NY	ZIP code: /38/5
Phone:	, ,	211 COGO. 70075
Date Contribution Received: 1/11/20/3	Amount of Contribution: \$	608 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for additional	Contributions:	0
Contributions from Single Source #	8	
Single Source Entity's Name: Clinton County		
Single Source Person's Last Name:	First Name:	
Address: County Government Center City: Plattsburgh	137 Margaret S	street
City: Platts burgh	State: NY	ZIP code: /290/
Phone:		
Date Contribution Received: 1/14/2013	Amount of Contribution: \$	842.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / / Check here if using section V(C) of the Addendum for additional	Amount of Contribution: \$.00

V Source of Funding Disclosure		
A Below, list all Contributions received from the Sirreceived.	ngle Source. Include the date and the	amount of the Contribution
Contributions from Single Source #312		
Single Source Entity's Name: Columbia Count	4	
or Single Source Person's Last Name:	First Name:	
Address: PO Box 574		
City: Hudson	State: NY	ZIP code: /2534
Phone:	N L	12534
Date Contribution Received: 2/6/2013	Amount of Contribution: \$	895 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition	al Contributions:	0
Contributions from Single Source # 13		
Single Source Entity's Name: Communities Pro	ogram Management LL	C
or Single Source Person's Last Name:	First Name:	
Address: 2033 North Main St, Suite		
City: Walnut Creek	State: CA	ZIP code: 94594
Phone:		2.11 COGO.
Date Contribution Received: \ / 3\ / 2013	Amount of Contribution: \$	500 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition	al Contributions:	0
Contributions from Single Source $\# \underline{14}$		
Single Source Entity's Name: Cortland County		
Single Source Person's Last Name:	First Name:	
Address: County Office Building 60 C		
City: Cortland	State: N Y	ZIP code: /3045
Phone:	/	7 50-73
Date Contribution Received: 1/28/2013	Amount of Contribution: \$	589.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure		
A Below, list all Contributions received freceived.	rom the Single Source. Include the date and t	ne amount of the Contribution
Contributions from Single Source #3 15	÷	
Single Source Entity's Name: County Nu	vaina Fortities of NY	
or Single Source Person's Last Name:	First Name:	
Address: 540 Broadway	The state of the s	
City: Albany	State: NY	ZIP code: 12207
Phone:	10 /	211 0000.1220 /
Date Contribution Received: 2/12/6	Amount of Contribution: \$	250.00
Date Contribution Received: 5/14/2	Amount of Contribution: \$	250.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum fo	r additional Contributions:	0
Contributions from Single Source # 1/4		
Single Source Entity's Name: CSC		
or Single Source Person's Last Name:	First Name:	
Address: PO Box	rist name.	
City:	State:	ZIP code:
Phone:	sidie.	zir code.
Date Contribution Received: 1/28/2	2013 Amount of Contribution: \$	550.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
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Contributions from Single Source #		
Single Source Entity's Name: Delaware or	County	
Single Source Person's Last Namo:	First Manager	
Address: Senator Cook office Bu City: Delhi	ildian III Main Street	
City: Delhi	State: NY	ZIP code: 13753
Phone:	7-7	
Date Contribution Received: 1/24/2	2013 Amount of Contribution: \$	728.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
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V Source of Funding Disclosure		
A Below, list all Contributions received from the received.	Single Source. Include the date and	the amount of the Contribution
Contributions from Single Source #3/ / 8		
Single Source Entity's Name: Dutchess Cour	ty	
or Single Source Person's Last Name:	First Name:	
0 0	- Market St	
City: Pough Keepsie	State: NY	7IP code: 17/: -/
Phone:	01010. 10 1	ZIP code: /2(0)
Date Contribution Received: 1/14/2013	Amount of Contribution: \$	3011 .00
Date Contribution Received: / /	Amount of Contribution; \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for additio		0
Contributions from Single Source # _19		
Single Source Entity's Name: Eric County		
or Single Source Person's Last Name:	200	
Address: Rath Building 95 Frankli	First Name:	
City: Buffalo		11/2
Phone:	State: N9	ZIP code: 14202
Date Contribution Received: 21 6 / 2013	Amount of Countille 1	1 11/6
Date Contribution Received: / /	Amount of Contribution: \$	6045 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
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Contributions from Single Source # 20	ndi Confributions:	0
Single Source Entity's Name: Essex County		
Single Source Person's Last Name:	First Name:	
Address: Government Center 7551	Court St. Po Box	217
City: Elizabeth town	State: NY	
Phone:		70.70
Date Contribution Received: 1/24/2013	Amount of Contribution: \$	652.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
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V Source of Funding Disclosure		
A Below, list all Contributions received from received.	n the Single Source. Include the date and th	ne amount of the Contribution
Contributions from Single Source #82		
Single Source Entity's Name: Franklin Co	24.044	
or Single Source Person's Last Name:	First Name:	
Address: 355 West Main Street		
City: Malone	State: NY	ZIP code: / 2953
Phone:		14133
Date Contribution Received: 1/28/20	13 Amount of Contribution: \$	621.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
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Contributions from Single Source # 22		
Single Source Entity's Name: Fulton Cou	inty	
or Single Source Person's Last Name:	1.	
Address: County Building 223 V	First Name:	
City: Johnstown	State: NY	710 17096
Phone:	sidie. 70 /	ZIP code: /2093
Date Contribution Received: 1/17/20	13 Amount of Contribution: \$	658.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
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Contributions from Single Source # 23		
Single Source Entity's Name: Genesee C	Lounty	
or Single Source Person's Last Name:	, First Name:	
Address: Old Courthouse.		
City: Batavia	State: NY	ZIP code: 14020
Date Contribution Received: 1/14/20/	Amount of Contribution: \$	700 00
Date Contribution Received: / / / 40 /	Amount of Contribution: \$	1909
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /		.00
Date Contribution Received: / /	Amount of Contribution: \$.00
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V Source of Funding Disclosure		
A Below, list all Contributions received from the Sin received.	gle Source. Include the date and t	the amount of the Contribution
Contributions from Single Source #3 24		
Single Source Entity's Name: Greene Coun	tu	
or Single Source Person's Last Name:	First Name:	
Address:		
City: 411 Main Street PO Box 467	7 State: NY	ZIP code: 12414
Phone: Catskill		
Date Contribution Received: 1/24/2013	Amount of Contribution: \$	723.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for additional	Il Contributions:	0
Contributions from Single Source # 25		
Single Source Entity's Name: Herkimer Coun	ity	
or Single Source Person's Last Name	Carl Name	
Address: 109 Mary Street Suite	1302	
City: Herkimer	State: NY	ZIP code: /3350
Phone:		211 0000, 70 00 -
Date Contribution Received: 2/14/2013	Amount of Contribution: \$	756 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
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Contributions from Single Source $\#_{24}$		
Single Source Entity's Name: HIS COCK & Baro	lay, LLP	
Single Source Person's Last Name:	First Name:	
Address: 50 Beaver Street		
City: Albany	State: NY	ZIP code: 12207
Phone:		
Date Contribution Received: \ / 23/2013	Amount of Contribution: \$	
Date Contribution Received: 3/26/120/3	Amount of Contribution: \$	1500.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
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V Source of Funding Disclosure		
A Below, list all Contributions received from the received.	he Single Source. Include the date and t	he amount of the Contribution
Contributions from Single Source #3 27		
Single Source Entity's Name: Jefferson Cou	ntu	
or Single Source Person's Last Name:	First Name:	
Address: 195 Arsenal Street		
City: Watertown	State: NY	ZIP code: 1360/
Phone:	14 /	13601
Date Contribution Received: 1/25/2013	3 Amount of Contribution: \$	1040.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
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Contributions from Single Source # 28		
Single Source Entity's Name: Living 5+00 Co	unty	
or Single Source Person's Last Name:	First Name:	
Address: Government Center 6		
City: Geneseo	State: NY	ZIP code: 14454
Phone:	sidic. 70 7	zir code. /-/-/-J-/
Date Contribution Received: \ / \ \ / 2013	Amount of Contribution: \$	717 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
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Contributions from Single Source #_29		
Single Source Entity's Name: Madison Cou	inty	
Single Source Person's Last Name:	First Name:	
Address: Po Box 635		
City: Wampsville	State: NY	ZIP code: 13163
Phone:		
Date Contribution Received: 2/ /	Amount of Contribution: \$	5837.00
Date Contribution Received: 2/19/2013	3 Amount of Contribution: \$	755.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
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	d from the Single Source. Include the date and	the amount of the Contributio
Contributions from Single Source #30		
Single Source Entity's Name: Monroe	County	
or Single Source Person's Last Name:	First Name:	
Address: 402 County Office		
City: Rochester	State: N Y	7ID code: 1.4
Phone:	31die. 70 7	ZIP code: 14614
Date Contribution Received: 2/19/	2013 Amount of Contribution: \$	5837.00
Date Contribution Received: / /	Amount of Contribution: \$	00. 7 6 6 6
Date Contribution Received: / /	Amount of Contribution: \$.00
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Date Contribution Received: / /	Amount of Contribution: \$.00
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Contributions from Single Source # 31		
Single Source Entity's Name: Montgom	ery County	* #
	1	
Single Source Person's Last Name: Address: 20 Park Street	First Name:	
city: Fonda		
	State: NY	ZIP code: 12068
Phone: Date Contribution Received: 1 / 09/	2013	1 0
		608 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
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Contributions from Single Source $\#32$		
ingle Source Entity's Name: Municipa	al Electric & Gas Alliance	e
ingle Source Person's Last Name:	First Name:	
Address: PO Box 88		
sity: Ithaca	State: NY	ZIP code: 14851
hone:	oraro. / · /	211 Code. /785/
ate Contribution Received: 4/5/	2013 Amount of Contribution: \$	120.00
ate Contribution Received: 5/15/		2370 .00
ate Contribution Received: / /	Amount of Contribution: \$.00
ate Contribution Received: / /	Amount of Contribution: \$.00
ate Contribution Received: / /	PROTEINIAN CONTRACTOR WALL PROTEINS AND STREET OF STREET	.00
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ribution: \$ 6045	.00
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V Source of Funding Disclosure

A Below, list all Contributions received from the Si received.		me amount of the Commonton
Contributions from Single Source #36		
Single Source Entity's Name: Niagara Count	4	
Single Source Person's Last Name:	First Name:	
Address: 59 Park Ave		
City: Lockport	State: NY	ZIP code: 14094
Phone:		X /
Date Contribution Received: 112812013	Amount of Contribution: \$	1885.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition	al Contributions:	0
Contributions from Single Source # 37		
Single Source Entity's Name: NYS Local Gove	ernment Services	Foundation
Single Source Person's Last Name:	First Name:	
Address: 150 State Street		
City: Albany	State: NY	ZIP code: 12207
Phone:		
Date Contribution Received: 4/10/2013	Amount of Contribution: \$	13732.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition	al Contributions:	
Contributions from Single Source # 38		
Single Source Entity's Name: O'Connor David	5 LLP	
Single Source Person's Last Name:	First Name:	
Address: 500 Mamaroneck Avenue	2	
city: Harrison	State: ∨Y	ZIP code: 10528
Phone:		
Date Contribution Received: 1/28/2013	Amount of Contribution: \$	400.00
Date Contribution Received: 4/15/2013	Amount of Contribution: \$	195.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
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V Source of Funding Disclosure		
A Below, list all Contributions received from the received.	Single Source. Include the date and the	amount of the Contribution
Contributions from Single Source #39		
Single Source Entity's Name: Oncida County		
or Single Source Person's Last Name:	First Name:	
Address: Office Building 800 Park		
City: Utica	State: NY	ZIP code: /350/
Phone:	, , ,	13301
Date Contribution Received: 1/17/2013	Amount of Contribution: \$	2028.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition	nal Contributions:	0
Contributions from Single Source # 40		
Single Source Entity's Name: On on daga Co	ounty	
or Single Source Person's Last Name:	First Name:	
Address: 421 Montgomery Street		
city: Syracuse	State: NY	ZIP code: /3202
Phone:		
Date Contribution Received: 1/24/2013	Amount of Contribution: \$	3902.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition	nal Contributions:	0
Contributions from Single Source #		
Single Source Entity's Name: Ontario Coun	ty	
Single Source Person's Last Name:	First Name:	
Address: County Municipal Bldg. &	20 Ontario Street	
Address: County Municipal Bldg. & City: Canandaigua	State: NY	ZIP code: 14424
Phone:	,	
Date Contribution Received: 1/24/2013	Amount of Contribution: \$	1062.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
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V Source of Funding Disclosure		
A Below, list all Contributions receive received.	d from the Single Source. Include the date and	the amount of the Contribution
Contributions from Single Source #842		
Single Source Entity's Name: Orange Cor	and the	
or Single Source Person's Last Name:	First Name:	
Address: 40 Matthews Street		
City: Goseh	State: N 📉	ZIP code: 10924
Phone:		10721
Date Contribution Received: 3 / 15 /	2013 Amount of Contribution: \$	3230.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum	for additional Contributions:	0
Contributions from Single Source # 43		
Single Source Entity's Name: Orleans	County	
or Single Source Person's Last Name;	First Name:	
Address: 3 South Main St.	riisi Name.	
city: Abion	State: NY	ZIP code: 14411
Phone:	Sidio.	zii code. // ti/
Date Contribution Received: 2/22/	2013 Amount of Contribution: \$	551.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
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Contributions from Single Source $\# \underline{HH}$		
Single Source Entity's Name: OSwego C	ounty	
or Single Source Person's Last Name:	First Name:	
Address: 46 E. Bridge Street		
City: Oswego	State: NY	ZIP code: 13/26
Phone:	· · · · · · · · · · · · · · · · · · ·	- 0000. 13/26
Date Contribution Received: 1/14/	2013 Amount of Contribution: \$	1604 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
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Date Contribution Received: / /	Amount of Contribution: \$.00
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V Source of Funding Disclosure		
A Below, list all Contributions received from the received.	Single Source. Include the date and	the amount of the Contributio
Contributions from Single Source #3 45		
Single Source Entity's Name: Otsego County	1	
or Single Source Person's Last Name:	First Name:	
Address: PO Box 245	THOTT CALLED	
City: Copperstown	State: WY	ZIP code: 13324
Phone:	10 4	211 0000. [332]
Date Contribution Received: 1 / 14 / 2013	Amount of Contribution: \$	716 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition	onal Contributions:	0
Contributions from Single Source # 40		
Single Source Entity's Name: Public Employe	- Risk Management	ASSOC
or Single Source Person's Last Name:		
Address: PO Box 12250	First Name:	
City: Albany	State: NY	7ID and 1 1 2 2 1
Phone:	sidie. 70 /	ZIP code: /22/
Date Contribution Received: 1 / 11 / 2013	Amount of Contribution: \$	1095.00
Date Contribution Received: 2/15/2013	Amount of Contribution: \$	14/65.00
Date Contribution Received: 3 / 15 / 2013		2037.00
Date Contribution Received: 4/19/2013	Amount of Contribution: \$	391.00
Date Contribution Received: 612012013	Amount of Contribution: \$	91.00
Check here if using section V(C) of the Addendum for addition	22 - 74 - M	0.00
Contributions from Single Source #_47		0
Single Source Entity's Name: Pro Act INC		
Single Source Person's Last Name:	First Name:	
Address: 29 East Main Street		
City: Gouverneur	State: NY	ZIP code: 1364
Phone:	- 100	
Date Contribution Received: 1/3/20/3	Amount of Contribution: \$	281.00
Date Contribution Received: 2/11/2013		162.00
Date Contribution Received: 5 / 28 / 2013	Amount of Contribution: \$	3572.00
Date Contribution Received: / /	Amount of Contribution: \$.00

V Source of Funding Disclosure		
A Below, list all Contributions received from the received.	Single Source. Include the date and	the amount of the Contribution
Contributions from Single Source #3 48		
Single Source Entity's Name: Putnam Count	V	
or Single Source Person's Last Name:	First Name:	
Address: 40 Gleneida Ave	THIST FIGURE.	
City: Carmel	State: NY	ZIP code: 105/2
Phone:	10 /	211 code. 705/2
Date Contribution Received: 1/28/2013	Amount of Contribution: \$	1390 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition	nal Contributions:	0
Contributions from Single Source # 49		
Single Source Entity's Name: Rensselaer C	ounty	
or Single Source Person's Last Name:		
Address: County office Building 16	First Name:	
City: Tray	State: NY	71D and a
Phone:	sidie. 7-7	ZIP code: /2/80
Date Contribution Received: 1/11/2013	Amount of Contribution: \$	1368 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition		.00
Contributions from Single Source # 50		0
Single Source Entity's Name: Rockland Cour	014	
	179	
Single Source Person's Last Name:	First Name:	
Address: 18 New Hempstead Rd		
City: New City Phone:	State: NY	ZIP code: 10956
Date Contribution Received: 3/1/2013	Amount of Contribution: \$	3637 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
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Check here if using section V(C) of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure		
A Below, list all Contributions received from received.	the Single Source. Include the date and th	ne amount of the Contribution
Contributions from Single Source #3 5		
Single Source Entity's Name: Salient Cor	poration	
or Single Source Person's Last Name:	First Name:	
Address: 203 Colonial Dr		
City: Horse Leads	State: N 4	ZIP code: /4845
Phone:		7,7013
Date Contribution Received: [/ / / 20	Amount of Contribution: \$	200.00
Date Contribution Received: 3/13/20	13 Amount of Contribution: \$	2300 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for a	dditional Contributions:	0
Contributions from Single Source # 52		
Single Source Entity's Name: Saratoga	County	
or Single Source Person's Last Name;	/ First Name:	
Address: County Municipal Cent		0+
City: Ballston Spa	State: NY	ZIP code: /2020
Phone:	0.0.0.	211 Code. 74020
Date Contribution Received: 4///20	/3 Amount of Contribution: \$	1733.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for ad		0
Contributions from Single Source #_53		
Single Source Entity's Name: Schenectady or	County	
Single Source Person's Last Name:	First Name:	
Address: 620 State Street		
City: Schenectady	State: NY	ZIP code: 12305
Phone:	,	
Date Contribution Received: 21 6 1201	3 Amount of Contribution: \$	1429.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00

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V Source of Funding Disclosure		
A Below, list all Contributions received from the S received.	ingle Source. Include the date and th	e amount of the Contribution
Contributions from Single Source #3 54		
Single Source Entity's Name: Schoharie Count	4/	
or Single Source Person's Last Name:	First Name:	
Address: 114 Rock Road		
City: Cobleskill	State: N Y	ZIP code: 12043
Phone:	10 7	211 0000. 12043
Date Contribution Received: 1/10/2013	Amount of Contribution: \$	5 () .00
Date Contribution Received: / /	Amount of Contribution: \$	5/0 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition	al Contributions:	0
Contributions from Single Source # 55		
Single Source Entity's Name: Seneca Coun.	ty	
or Single Source Person's Last Name:	/ First Name:	
Address: Dipronio Drive	riisi Name.	
City: Water 100	State: NY	7ID code: (2
Phone:	sidile. TV /	ZIP code: /3/65
Date Contribution Received: 1/17/2013	Amount of Contribution: \$	513.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition		.00
Contributions from Single Source # 56		
Single Source Entity's Name: St. Lawrence (County	
or Single Source Person's Last Name:	First Name:	
Address: 48 Court St. Courthouse	ristric.	
City: Canton	State: NY	ZIP code: 13617
Phone:		211 COGE. 1001,
Date Contribution Received: 1 / 10 / 2013	Amount of Contribution: \$	1038.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Contributions from Single Source #3 $^{\prime}57$		
Single Source Entity's Name: Steuben	County	
or Single Source Person's Last Name:	First Name:	
Address: 3 East Bulteney Sa		
City: Bath	State: NY	7IP code: 1//0-/
Phone:	0.0.0.70	ZIP code: 14816
Date Contribution Received: 1/28/	2013 Amount of Contribution: \$	966.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum		
Contributions from Single Source # 58		
ingle Source Entity's Name: SufforK	County	
or ingle Source Person's Last Name:	1	
address: H. Lec Dennison B	First Name:	
city: Hauppauge	State: NY	
Phone:	State: /V 7	ZIP code: //78
	2013 Amount of Contribution: \$	5500.00
Pate Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Oate Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
heck here if using section V(C) of the Addendum		.00
ontributions from Single Source # 59		
ingle Source Entity's Name: Sullivan	County	
	County	
ingle Source Person's Last Name:	First Name:	
ddress: County Government		
ity: Monticello	State: NY	ZIP code: 1270
none:		2
ate Contribution Received: 3/15/	2013 Amount of Contribution: \$	997 .00
ate Contribution Received: / /	Amount of Contribution: \$.00
ate Contribution Received: / /	Amount of Contribution: \$.00
ate Contribution Received: / /	Amount of Contribution: \$.00
ate Contribution Received: / /	Amount of Contribution: \$.00

V Source of Funding Disclosure		
A Below, list all Contributions received from the S received.	ingle Source. Include the date and th	e amount of the Contribution
Contributions from Single Source #3 60		
Single Source Entity's Name: Tioga County		
or Single Source Person's Last Name:	First Name:	
Address: County Office Blog. 56 M		
City: Owego	State: NY	7IP code: 130 a=
Phone:	70 7	ZIP code: 13827
Date Contribution Received: 1/14/2013	Amount of Contribution: \$	642.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition	al Contributions:	0
Contributions from Single Source # 🕡		
Single Source Entity's Name: Tompkins Coun	ty	
or Single Source Person's Last Name:	/ First Name:	
Address: 320 N. Tioga Street		
City: Ithaca	State: NY	ZIP code: 14850
Phone:		, ,850
Date Contribution Received: 1 / 10 / 2013	Amount of Contribution: \$	992.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition	al Contributions:	0
Contributions from Single Source # $\sqrt{2}$		
Single Source Entity's Name: U Ster County or		
Single Source Person's Last Name:	First Name:	
Address: PO Box 1800 244 Fair	Street	
City: Kingston Phone:	State: NY	ZIP code: /2402
Date Contribution Received: 2/12/2013	Amount of Contribution: \$	1840.00
	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
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V Source of Funding Disclosure		
A Below, list all Contributions received from the received.	Single Source. Include the date and th	e amount of the Contributi
Contributions from Single Source # 2 3		
Single Source Entity's Name: Warren County		
or Single Source Person's Last Name:	First Name:	
Address: Municipal Center 1340 State		
City: Lake George		7ID and / / /
Phone:	State: NY	ZIP code: /2845
Date Contribution Received: 2/29/26/3	Amount of Contribution: \$	918 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition		
Contributions from Single Source # 64		
Single Source Entity's Name: Washington Cou		
or Single Source Person's Last Name:		
Address: 383 Upper Broadway	First Name:	
City: Fort Edward		
2000	State: NY	IIP code: 1282
Phone: Date Contribution Received: 1 / 25 / 2013		7 - 0
Date Contribution Received: 1/25/2013 Date Contribution Received: / /	Amount of Contribution: \$	709.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for addition	nal Contributions:	
Contributions from Single Source # 45		
ingle Source Entity's Name: Wayne County		
ingle Source Person's Last Name:	First Name:	
Address: 26 Church Street		
City: Lyons	State: NY	ZIP code: 1448
hone:		7-7-70
Date Contribution Received: 1/17/2013	Amount of Contribution: \$	953 .00
ate Contribution Received: / /	Amount of Contribution: \$.00
pate Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
pate Contribution Received: / /	Amount of Contribution: \$	100

V Source of Funding Disc	losu	ıre		
A Below, list all Contribu	tions	received from the	Single Source. Include the date and th	ne amount of the Contribution
Contributions from Single Source	13/6	e.		
Single Source Entity's Name: We	sto	chester Co	u a ba	
or Single Source Person's Last Name		21,63,60	First Name:	
Address: 148 Martine A			THAT I VALUE	
City: White Plains	<u>v</u> –		State: NY	ZIP code: 1060
Phone:			IV 1	211 6000. 1060 [
Date Contribution Received:	1/	10 12013	Amount of Contribution: \$	6045.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of th	e Ado	lendum for additio	nal Contributions:	0
Contributions from Single Source #	6	7		
Single Source Entity's Name: W	ion	ing Count	4	
or Single Source Person's Last Name:		1	First Name:	
Address: Government (ter 143		
City: Warsaw		\$1 \$1 EEE	State: NY	ZIP code: 14569
Phone:			orare.	211 code. / / 3 c /
Date Contribution Received:	21	6/2013	Amount of Contribution: \$	568.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of the	Add	endum for additio	nal Contributions:	0
Contributions from Single Source #				
Single Source Entity's Name:				
or Single Source Person's Last Name:			57.11	
Address:		(F)	First Name:	
City:			Charles	
Phone:			State:	ZIP code:
Date Contribution Received:	1	/	Amount of Contile time of	
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Date Contribution Received:	1	,	Amount of Contribution: \$.00
Date Contribution Received:	/	,	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Check here if using section V(C) of the	Adde	endum for addition	Amount of Contribution: \$.00

V Source of Funding Di Instructions: Below, list all Continuous the date of	ibutions received f	rom the Single Source or, if appl eceived and the amount of the	icable, the Relate Contribution.	∍d, Affiliated Entity or Perso
	VANTOS VARNO POR ESPANOS ANTO	son or Entity for a single Contribu		
Contributions from Single Source	e # L8		ELECTION OF SHAPE	
Single Source(or Related or Affi	liated) Entity's No	ame: NY Aviation	Manageme	nt Association
or Single Source (or Related or Afr			First Name	
Address: 136 Everett		in the state of th	THIST HATTIC	•
City: Albany		State: N	V	ZIP code: /2205
Phone:		orare. To	1	211 code. 12205
Date Contribution Received:	1/31/6	LU13 Amount of Contri	bution: \$	277.00
Date Contribution Received:	212813		35 merumungan terungan sebi - 4 ¶ 5	277.00
Date Contribution Received:	3/31/		2011 10 10 10 10 10 10 10 10 10 10 10 10	277.00
Date Contribution Received:	4/30/3			277.00
Date Contribution Received:	5/31/6			277.00
Date Contribution Received:	6/30/			277.00
Date Contribution Received:	/ /	Amount of Contri	ibution: \$.00
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V Source of Funding Di	sclosure		
Instructions: Below, list all Cont Include the date o	ributions received from the S f the Contribution received o	ingle Source or, if applicable, the Rela and the amount of the Contribution.	nted, Affiliated Entity or Person.
C Single Source Infor	mation for one Person or Ent	ity for a single Contribution.	
Contributions from Single Source	e # 69		
Single Source(or Related or Affi		YATEP	
or Single Source (or Related or Af			ie.
Address: 540 Broadwa		instruction of the state of the	
City: Albany		State: NY	ZIP code: /2207
Phone:		14	
Date Contribution Received:	1/31/2013	Amount of Contribution: \$	184 .00
Date Contribution Received:	2/28/2013	Amount of Contribution: \$	184 .00
Date Contribution Received:	3/3//2013	Amount of Contribution: \$	184 .00
Date Contribution Received:	4 130 12013	Amount of Contribution: \$	184 .00
Date Contribution Received:	5/3//2013	Amount of Contribution: \$	184.00
Date Contribution Received:	613012013	Amount of Contribution: \$	184.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00 .
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
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Date Contribution Received:	1	Amount of Contribution: \$.00
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Date Contribution Received:	/	Amount of Contribution: \$.00
Date Contribution Received:	/	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00

V Source of Funding			the state of the s
Instructions: Below, list all Co Include the date	ontributions received from the of the Contribution re	om the Single Source or, if applicable, the Peceived and the amount of the Contribution	telated, Affiliated Entity or Person.
C Single Source In	formation for one Pers	on or Entity for a single Contribution.	
Contributions from Single Sou	rce #_70		
Single Source(or Related or A	Affiliated) Entity's Na	me: NYS Association of Coup	Ly Administers
or Single Source (or Related or A			
Address: 540 Broad w		71151 17	arrio.
City: Albany		State: NY	ZIP code: 12207
Phone:		10	
Date Contribution Received:	1/3//2	.013 Amount of Contribution: \$	93.00
Date Contribution Received:	212812	013 Amount of Contribution: \$	93.00
Date Contribution Received:	3/31/8	2013 Amount of Contribution: \$	93.00
Date Contribution Received:	4/30/2	2013 Amount of Contribution: \$	93.00
Date Contribution Received:	5/3/12	.013 Amount of Contribution: \$	93.00
Date Contribution Received:	6/30/6	2013 Amount of Contribution: \$	93.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Instructions:

Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Include the date of the Contribution received and the amount of the Contribution.						
C Single Source Information for one Person or Entity for a single Contribution.						
Contributions from Single Source # 1						
Single Source (or Related or Affiliated) Entity's Name: NYS Association of County Clerks						
or Single Source (or Related or Affiliated)Person's Last Name: First Name:						
Address: County office Building 160 Genesee Street						
City: Auburn			State: NY	-1	ZIP cod	de: 13021
Phone:			101			1,702
Date Contribution Received:	1/31	12013	Amount of Contribution:	\$	131	.00
Date Contribution Received:	2128		Amount of Contribution:	\$	131	.00
Date Contribution Received:	3/31/		Amount of Contribution:	\$	131	.00
Date Contribution Received:	4/30,	2013	Amount of Contribution:	\$	131	.00
Date Contribution Received:	5/31/	2013	Amount of Contribution:	\$	131	.00
Date Contribution Received:	6130,	2013	Amount of Contribution:	\$	131	.00
Date Contribution Received:	/	1	Amount of Contribution:	\$, -,	.00
Date Contribution Received:	/	1	Amount of Contribution:	\$.00
Date Contribution Received:	/	1	Amount of Contribution:	\$.00
Date Contribution Received:	/	1	Amount of Contribution:	\$.00
Date Contribution Received:	/	′	Amount of Contribution:	\$.00
Date Contribution Received:	/		Amount of Contribution:	\$.00
Date Contribution Received:	/		Amount of Contribution:	\$.00
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Date Contribution Received:	/ /		Amount of Contribution:	\$.00
Date Contribution Received:	/ /		Amount of Contribution:	\$.00
Date Contribution Received:	/ /		Amount of Contribution:	\$.00
Date Contribution Received:	/ /		Amount of Contribution:	\$.00
Date Contribution Received:	/ /		Amount of Contribution:	\$	7	.00
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.					
C Single Source Information for one Person or Entity for a single Contribution.					
Contributions from Single Sourc	e # 77	_			
Single Source(or Related or Affil	iated) (Entity's I	Name: NY	'S Association of Cour	ty Executives
or Single Source (or Related or Aff					lame:
Address: 540 Broad way					
City: Albany	1			State: NY	ZIP code: /2207
Phone:					10007
Date Contribution Received:	1 /	31/	2013	Amount of Contribution: \$	1042.00
Date Contribution Received:	21	28/	2013	Amount of Contribution: \$	1042.00
Date Contribution Received:	31	31/	2013	Amount of Contribution: \$	1042.00
Date Contribution Received:	41	301	2013	Amount of Contribution: \$	1042.00
Date Contribution Received:	51	311	2013	Amount of Contribution: \$	1042.00
Date Contribution Received:	61	301	2013	Amount of Contribution: \$	1042.00
Date Contribution Received:	/	/		Amount of Contribution: \$.00
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure
Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entit

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.					
C Single Source Information for one Person or Entity for a single Contribution.					
Contributions from Single Source # 73					
Single Source (or Related or Affiliated) Entity's Name: NYS County Highway Superintendents Assoc.					
Address: 136 Everett	~ \	st Name: First Nan	ie.		
	1100	State: NY	ZIP code: 12207		
City: Albany Phone:		sidie. 10 1	211 code. 1220)		
Date Contribution Received:	1/31/20	13 Amount of Contribution: \$	250.00		
Date Contribution Received:	2/28/20		150.00		
Date Contribution Received:		Amount of Contribution: \$	250.00		
Date Contribution Received:	4/30/20		250.00		
Date Contribution Received:		Amount of Contribution: \$	2 50 .00		
Date Contribution Received:	6/30/2		250.00		
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V Source of Funding Disclosure						
B Single Source information for a Contr	ibution(s) from r	multiple, Related, or Affiliated Entities			
Contributions from Single Source #1			*			
Related or Affiliated Entity or Person:						
Entity's or Person's Full Name:						
Entity's or Person's Address:)	
Entity's or Person's Phone:					-	
Dates and Amounts of Contributions from	n Entity	or Pers	on:			
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Date Contribution Received:	/	/	Amount of Contribution: \$.00	
Date Contribution Received:	/	/	Amount of Contribution: \$.00	
Check here if using section V(C) of the	he Adde	ndum f	or additional Contributions:	0		
Related or Affiliated Entity or Person:						
Entity's or Person's Full Name:						
Entity's or Person's Address:						
Entity's or Person's Phone:						
Dates and Amounts of Contributions from Date Contribution Received:	n Entity (or Pers			00	
Date Contribution Received:	,	,	Amount of Contribution: \$.00	
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Check here if using section V(B) of the Addendum for Contributions from Single Source #2	addillor	idi keld	iled, or Amiliarea Entitles or Persons:	第四次計劃的 的指統	O	
Related or Affiliated Entity or Person:						
Entity's or Person's Full Name:						
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Entity's or Person's Phone:						
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Entity's or Person's Full Name:						
Entity's or Person's Address:						
Entity's or Person's Phone:						
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Date Contribution Received:	/	/	Amount of Contribution: \$.00	
Check here if using section V(C) of the Addendum for additional Contributions:						
Check here if using section V(B) of the Addendum for					0	
Check here if there are Contribution(s) from Single So Addendum to list all such Contributions:	urce(s) o	ther the	an those listed above. Use Section V	(B) of the	0	

VI Subjects lobbied: Issues effecting County Government including unfunded Mandates	VII Person, State Agency, Municipality or Legislative Body lobbied: Governors office, NYS Legislature, NYS Comptroller office, State Agencies of Commissions				
O Continued on attached pages	O Continued on attached pages				
VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:	VIII Title and Identifying Numbers of procurement contracts/documents lobbied:				
Continued on attached pages	O Continued on attached pages				
Number or Subject Matter of Executive Order of Governor/Municipality lobbied:	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:				
NA	NA				
O Continued on attached pages	O Continued on attached pages				
XI Declaration					
This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.) I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.					
X SIGNATURE: The file	DATE: 7-12-13				
PRINT NAME: LAST Catattano	FIRST Karen				
Mark One: O Chief Administrative Officer (1)	Designee(Attach Letter)				
The following MUST be attached to this repo	t at the time of submission:				

- --You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original)
- --If applicable, a designation letter if you have marked designee in section XI.
- --If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.